

**STATE OF CALIFORNIA  
MANAGED RISK MEDICAL INSURANCE BOARD  
1000 G STREET, SUITE 450  
SACRAMENTO, CA 95814**

**TITLE 10. INVESTMENT, CALIFORNIA CODE OF REGULATIONS  
CHAPTER 5.8. HEALTHY FAMILIES PROGRAM  
ARTICLE 3. HEALTH, DENTAL AND VISION BENEFITS**

**AMEND SECTION 2699.6700 (a)(2)(D)**

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Text proposed to be deleted is displayed in ~~strikeout~~ type

**Section 2699.6700 is amended to read:**

**2699.6700. Scope of Health Benefits.**

- (a) The basic scope of benefits offered by participating health plans must comply with all requirements of the Knox-Keene Health Care Service Plan Act of 1975 including amendments as well as its applicable regulations, and shall include all of the benefits and services listed in this section, subject to the exclusions listed in this section and Section 2699.6703. No other benefits shall be permitted to be offered by a participating health plan as part of the program. The basic scope of benefits shall include:
  - (1) Health Facilities
    - (A) Inpatient Hospital Services: General hospital services, in a room of two or more, with customary furnishings and equipment, meals (including special diets as medically necessary), and general nursing care. All medically necessary ancillary services such as: use of operating room and related facilities; intensive care unit and services; drugs, medications, and biologicals; anesthesia and oxygen; diagnostic laboratory and x-ray services; special duty nursing as medically necessary; physical, occupational, and speech therapy, respiratory therapy; administration of blood

and blood products; other diagnostic, therapeutic and rehabilitative services as appropriate; and coordinated discharge planning, including the planning of such continuing care as may be necessary.

Inpatient hospital services. This includes coverage for general anesthesia and associated facility charges, in connection with dental procedures when hospitalization is necessary because of an underlying medical condition or clinical status or because of the severity of the dental procedure. This benefit is only available to subscribers under seven years of age; the developmentally disabled, regardless of age; and subscribers whose health is compromised and for whom general anesthesia is medically necessary, regardless of age. Participating health plans shall coordinate such services with the subscriber's participating dental plan. Services of the dentist or oral surgeon are excluded for dental procedures.

Exclusions: Personal or comfort items or a private room in a hospital are excluded unless medically necessary.

- (B) Outpatient Services: Diagnostic, therapeutic and surgical services performed at a hospital or outpatient facility. Includes: physical, occupational, and speech therapy as appropriate; and those hospital services which can reasonably be provided on an ambulatory basis. Related services and supplies in connection with these services including operating room, treatment room, ancillary services, and medications which are supplied by the hospital or facility for use during the subscriber's stay at the facility.

General anesthesia and associated facility charges, and outpatient services in connection with dental procedures when the use of a hospital or surgery center is necessary because of an underlying medical condition or clinical status or because of the severity of the dental procedure. This benefit is only available

to subscribers under seven years of age; the developmentally disabled, regardless of age; and subscribers whose health is compromised and for whom general anesthesia is medically necessary, regardless of age. Participating health plans shall coordinate such services with the subscriber's participating dental plan. Services of the dentist or oral surgeon are excluded for dental procedures.

- (2) Professional Services: Medically necessary professional services and consultations by a physician or other licensed health care provider acting within the scope of his or her license. Surgery, assistant surgery and anesthesia (inpatient or outpatient); inpatient hospital and skilled nursing facility visits; professional office visits including visits for allergy tests and treatments, radiation therapy, chemotherapy, and dialysis treatment; and home visits when medically necessary. In addition, professional services include:
- (A) Eye examinations: For subscriber children, eye refractions to determine the need for corrective lenses, and dilated retinal eye exams. For subscriber parents, eye refraction is optional for plan.
- (B) Hearing tests, hearing aids and services: Audiological evaluation to measure the extent of hearing loss and a hearing aid evaluation to determine the most appropriate make and model of hearing aid.

Hearing aid: Monaural or binaural hearing aids including ear mold(s), the hearing aid instrument, the initial battery, cords and other ancillary equipment. Visits for fitting, counseling, adjustments, repairs, etc., at no charge for a one-year period following the provision of a covered hearing aid.

Limitation: For subscriber parents, this benefit is limited to a maximum of \$1000 per member every thirty-six months for the hearing instrument and ancillary equipment.

Exclusions: The purchase of batteries or other ancillary equipment, except those covered under the terms of the initial hearing aid purchase and charges for a hearing aid which exceeds specifications prescribed for correction of a hearing loss.

Replacement parts for hearing aids, repair of hearing aid after the covered one-year warranty period, replacement of a hearing aid more than once in any period of thirty-six months, and surgically implanted hearing devices.

- (C) Immunizations for subscriber children: Immunizations consistent with the most current version of the Recommended Childhood Immunization Schedule/United States adopted by the Advisory Committee on Immunization Practices (ACIP). Immunizations required for travel as recommended by the ACIP, and other age appropriate immunizations as recommended by the ACIP.

Immunizations for subscriber parents: Immunizations for adults as recommended by the ACIP. Immunizations required for travel as recommended by the ACIP. Immunizations such as Hepatitis B for individuals at occupational risk, and other age appropriate immunizations as recommended by the ACIP.

- (D) Periodic health examinations:

- (1) For subscriber children; ~~periodic health examinations, including all routine diagnostic testing and laboratory services appropriate for such examinations consistent with the most current Recommendations for Preventative Pediatric Health Care, as adopted by the American Academy of Pediatrics; and the most current version of the Recommended Childhood Immunization Schedule/United States, adopted by the Advisory Committee on Immunization Practices (ACIP).~~

- (a) Health examinations.
- (b) All routine diagnostic testing and laboratory services appropriate for such examinations consistent with the most current Recommendations for Preventative Pediatric Health Care, as adopted by the American Academy of Pediatric Health Care, as adopted by the American Academy of Pediatrics.
- (c) Screening for lead poisoning, evaluation and anticipatory guidance as required by California Code of Regulations Title 17, Division 1, Chapter 9, Article 2, Section 37100.

~~The frequency of such examinations shall not be increased for reasons which are unrelated to the medical needs of the subscriber including: a subscriber's desire for physical examinations; or reports or related services for the purpose of obtaining or maintaining employment, licenses, insurance, or a school sports clearance.~~

(2) Periodic Health Examinations for For  
subscriber parents:

- (a.) Health Examinations.
- (b.) Periodic health examinations including all  
All routine diagnostic testing and laboratory services appropriate for such examinations. This includes coverage for the screening and diagnosis of prostate cancer including but not limited to, prostate-specific antigen testing and digital rectal examination, when medically

necessary and consistent with good  
medical practice.

(3) The frequency of ~~such~~ health examinations described in subsections (a)(2)(D)(1)(a) and (a)(2)(D)(2)(a) shall not be increased for reasons which are unrelated to the medical needs of the subscriber including: a subscriber's desire for physical examinations; or reports or related services for the purpose of obtaining or maintaining employment, licenses, insurance, or a school sports clearance.

(E) Well baby care during the first two years of life, including newborn hospital visits, health examinations and other office visits.

\* \* \* [ continued }

NOTE: Authority cited: Sections 12693.21 and 12693.755, Insurance Code.  
Reference: Sections 12693.21, 12693.60, 12693.61, 12693.62 and 12693.755, Insurance Code.